

APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 48204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application.	Variance number (Assigned by department) (8 -85 -83
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; us	sually this is the owner)
Name of applicant	Title
GUEEN OF ANGELS	
Name of organization	Telephone number
Address (number and street, city, state, and ZIP code)	()
1500 WEST STATE BLUD FORTWAYNE, ITA	16800
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	
Name of applicant	Title
RICHARD Micked	Business Manager
Name of organization	Telephone number
Address (humber and street, city, state, and ZIP code)	1260) 482-9411
Address (humber and street, city, state, and ZIP code)	10 141 (1/0.0
ISOO WEST STATE BLUD FORT WAY!	06, 100 £0808
DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional	
Name of design professional	License number
Name of organization	Telephone number
•	
Address (number and street, city, state, and ZIP code)	
4. PROJECT IDENTIFICATION	
Name of project	State project number County
Name of project	State project number County
Name of project REYMOUR FURE HOSES FROM CABINET Address of site (number and street, city, state, and ZIP code)	CASIJA
Name of project	CASIJA
Name of project REYNOUSE TURE HOSES FROM CABINET Address of site (number and street, city, state, and ZIP code) Type of project Type of project	CASIJA
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Name of project Compared to the final content of the content of	DEXISTING Unit. (see instructions) ested variance and any proposed alternatives.
Address of site (number and street, city, state, and ZIP code) Type of project New Addition Alteration Change of occupancy 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount of the content of the properties of the appropriate amount of the content of the properties of the content of the content of the properties of the area affected by the required written documentation showing that the local fire official has received a copy of the variance appropriate ap	DEXISTING Unit. (see instructions) ested variance and any proposed alternatives.
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7. DESCRIPTION OF REQUESTED VARIANCE		Victoria de la Companya de la Compan
Name of code or standard and edition involved	Specific code section	
NTERNATIONAL FIRE GOOS 2012 St Nature of non-compliance (Include a description of spaces, equipment, etc.)	DITION 901.61	
Nature of non-compliance (Include a description of spaces, equipment, etc.	involved as necessary.)	
Z FIRE HOSE CABINETS	IN SCHOOL BUILDING	
PERMISSION REQUESTED T	o Remove Each H	OSE
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND V	VELFARE WILL BE PROTECTED	
Select one of the following statements:		
Non-compliance with the rule will not be adverse to the public	heaith, safety or welfare; or	
Applicant will undertake alternative actions in lieu of complian public health, safety, or welfare. Explain why alternative action		nce will not be adverse to
Facts demonstrating that the above selected statement is true:		IDE QUELLE
QUEEN OF AN GUS SCHOOL	SC WILL PLACE A F	THE CXIINO USIN
IN FACH HOSE CABINE		
	·	
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICAL	LY SIGNIFICANT STRUCTURE	A MANAGER TO SERVER STATE OF THE SERVER
Select at least one of the following statements:		
Imposition of the rule would result in an undue hardship (unusua	al difficulty) because of physical limitations of the con	struction site or its utility services.
Imposition of the rule would result in an undue hardship (unusua	al difficulty) because of major operational problems in	the use of the building or structure.
Imposition of the rule would result in an undue hardship (unusua	al difficulty) because of excessive costs of additional	or altered construction elements.
Imposition of the rule would prevent the preservation of an archi	itecturally or a historically significant part of the bulldi	ng or structure.
Facts demonstrating that the above selected statement is true:	Σ.	
EVERY YEAR HOSES AR	es services. Exp	ENSE 15
1-16-14		İ
CODE NO LONGER REGU	IRES HUSES TO BE	NOUR
FACILITY.		
10. STATEMENT OF ACCURACY		自己是最后,但是中央主领人的
I hereby certify under penalty of perjury that the information	contained in this application is accurate	
		Data di sahar () " to il
Signature of applicant or person submitting application	Please print name BICHARD E. MICKE	Date of signature (month, day, year) $3-(6)-18$
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
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11. STATEMENT OF AWARENESS (If the application is submit	led on the applicant's behalf, the applicant mus	st sign the following statement.)
11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.) I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.		
Signature of applicant Signature of applicant Obligation	Please print name RICHARD E. VNCCE	Date of signature (month, day, year)

Queen of Angels Parish

1500 West State Boulevard Fort Wayne, Indiana 46808-3197 (260) 482-9411 Fax: (260) 471-0005

To: Indiana Dept. of Homeland Security 302 West Washington Street Room 248 Indianapolis, IN. 46204-2739

From: Queen of Angels Catholic Church 1500 West State Blvd Fort Wayne, Indiana 46808

March 12, 2018

To Whom It May Concern:

Queen of Angels Catholic Church is applying for a variance from the Indiana Department of Homeland Security.

The variance involves removing hoses from two cabinets.

A fire extinguisher will be put in each cabinet.

It is our hope that the application variance will be approved by April 1, 2018.

Sincerely,

Richard E. McKee Business Manager

Queen of Angels Catholic Church

enclosures

cc: John Caywood, Building Commissioner (Certified Letter) 200 E. Berry Suite 180 Fort Wayne, IN 46802

july E. Melte

Fire Marshall Chief James Murua (Certified Letter) Least Main Street Suite 901 Fort Wayne, IN 46802

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